

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/535116

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1				51						
2				1			52						
3					1		53						
4						1	54						
5							55						
6							56						
7							57						
8							58						
9							59						
10			1				60						
11				1			61						
12					1		62						
13						1	63						
14							64						
15							65						
16							66						
17							67						
18							68						
19			1				69						
20				1			70						
21					1		71						
22						1	72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			3										
TOTAL DEP.		24											
TOTAL CLAIMS		27											